

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707722

FILED
Apr 01, 2008
Secretary of State

Entity Name: TEMPLE BETH EL OF FORT MYERS, INC.

Current Principal Place of Business:

16225 WINKLER ROAD
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16225 WINKLER ROAD
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 59-1097143 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESKIN, HAROLD
1420 S.E. 47TH STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWEET, LINDA
Address: 8746 BAYNAN COVE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: COHN, RICHARD
Address: 20537 FOXWORTH CIRCLE
City-St-Zip: ESTERO, FL 33928

Title: VD () Delete
Name: KASHI, MICHAEL
Address: 15840 CATALPA COVE
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: JACOBS, ROBIN J
Address: 6799 HIGHLAND PINES CIRCLE
City-St-Zip: FORT MYERS, FL 33966

Title: VD () Delete
Name: TRAIGER, TAMI
Address: 2627 SW 29 AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD () Delete
Name: MASSIE, BETTY
Address: 8530 SUMNER AVENUE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN J. JACOBS

TD

04/01/2008

Electronic Signature of Signing Officer or Director

Date